



## Quick Reference for Insurance Agents For Completing and Providing the Required Insurance Information for the UIIA

In order to assist you with preparing the necessary insurance information for your insured to participate in the Uniform Intermodal Interchange and Facilities Access Agreement (UIIA), we have outlined the information that must be submitted online through the UIIA application on behalf of your insured:

**PLEASE NOTE EFFECTIVE OCTOBER 1, 2016, ALL INSURANCE IS REQUIRED TO BE SUBMITTED ONLINE THROUGH THE UIIA APPLICATION. ALL AGENTS MUST BE REGISTERED AS AN AUTHORIZED USER TO SUBMIT INSURANCE ONLINE.**

1. Insurance Agents are required to go to [Online Insurance Registration](#) to register as an agent to submit insurance on-line.
2. The online certificate of insurance must contain the following coverage(s) and limits: (See [Form 5A—Explanation](#) and [Sample UIIA Acord 22 Certificate](#) – Note that all limits for Equipment Providers outlined in these instructions are shown in US Funds. If providing limits in Canadian Funds, they should be equivalent to the limits shown in US Funds.)
  - [General Liability](#) with a limit of \$1 million per occurrence.
  - [Auto Liability](#) with a CSL (combined single limit) of \$1 million  
Auto Policy must be marked as either an “ANY AUTO”, “SCHEDULED AND HIRED” or “ALL OWNED and HIRED” policy. We cannot accept just a “ALL OWNED AUTO” or a “SCHEDULED ONLY” auto policy.
  - \*[Cargo Insurance](#) with a limit per vehicle shown and deductibles if applicable.
  - \*[Trailer Interchange](#) Coverage with a limit per trailer shown and deductible if applicable. This is to cover physical damage to non-owned equipment while in the care, custody and control of your insured.
  - [Workers Compensation and Employer’s Liability](#) (if applicable). If your insured is doing business with the railroads this coverage will need to be provided. If the insured is exempted from having to carry workers compensation coverage, the insured can supply the UIIA office with an exemption statement stating the reason why they are exempt from this coverage. This signed statement can be scanned and emailed to the UIIA office at: [UIIA@Intermodal.org](mailto:UIIA@Intermodal.org) or it can be faxed to: (301)982-3414.

**\*NOTE:** Limits for Cargo and Trailer Interchange will vary depending on the specific Equipment Providers that your insured is going to do business with. See (Form 5B) to see a list of Equipment Providers along with the limits of insurance they require.

Please note that Section F.6. of the UIIA requires that the Motor Carrier’s insurance policies provide a thirty (30) advance notice of any cancellation of the insurance policies provided unless cancellation is a result of non-payment in which ten (10) days notification

**is required. This is a contractual obligation of your insured as a signatory to the UIIA so insurance information provided to the UIIA must be endorsed to provide such coverage.**

2. The Truckers Uniform Intermodal Interchange Endorsement ([UIIE-1](#) or [CA23-17](#)) must be made part of your insured's Auto Liability Policy. **On the UIIA Acord 22 certificate online, you must check the box next to the language under the description of operations confirming this endorsement is part of the auto policy.**
3. The Equipment Providers that your insured is going to do business with will need to be named additional insured on the appropriate policies. Your insured should have completed their online Providers list or they could have provided you with the [Equipment Provider Checklist \(Form 5C\)](#). This list should have all the Providers marked off of whom they do business. An authorized representative of the insurance agency or company will need this list when doing their online submission of the insurance on behalf of their insured. **In addition, on the online UIIA Acord 22 certificate you will need to check the box next to the language pre-printed under the description of operations confirming the companies on the list are additional insured on the appropriate policies. Alternatively, you can check the box that indicates the policy(ies) being provided have blanket additional insured coverage.**
4. If you provide an umbrella/excess policy, you must specify on the certificate what coverages are covered under this umbrella/excess policy (**Example: auto, general and etc.**).
5. The National Association of Insurance Commissioners (NAIC) numbers need to be shown on the online Acord certificate for all insurance companies providing coverage. These NAIC numbers and rating of the insurance company should automatically populate when typing in the insurance companies company name, or you can obtain this information from the "Best Key Rating Guide."
6. All applicable exclusionary endorsements that result in limiting or restricting the policies being provided should be noted on the online Acord 101 by clicking on the link to access the ACORD 101 available in the description of operations at the bottom of your online accord 22 certificate, and then sending these endorsements via e-mail to [uiia@intermodal.org](mailto:uiia@intermodal.org).

**Only ONE certificate of insurance with the information listed above needs to be submitted online. WE DO NOT NEED SEPARATE CERTIFICATES TO BE SUBMITTED FOR EACH EQUIPMENT PROVIDER THAT YOUR INSURED IS DOING BUSINESS WITH.**

### **UIIA Insurance Renewals – Expiration of Policies:**

The UIIA system is setup to expire insurance policies at 12:01 a.m. of the day of the expiration date which often causes confusion with the Motor Carriers thinking they have coverage until 11:59 p.m. on the expiration date, but in fact the policy expires on the first minute of that day. Therefore, Motor Carriers need to have their insurance renewal policies sent to our office prior to the expiration date.

In addition, insurance agents should ensure that the effective date of a policy is concurrent with the expiration date of the policy expiring so that there is no lapse between the expiring and renewal/new policy. (i.e. A policy expires 2/1/2016 should have a renewal policy with effective date of 2/1/2016, not 2/2/2016.)

**To become an authorized agent to submit insurance online to the UIIA, you will need to do the following:**

1. Please go to [http://www.uiia.org/insurance/ia\\_login.php](http://www.uiia.org/insurance/ia_login.php) and complete the online registration by clicking on **New Member First Time Agent**.
2. Request from your insured their SCAC Code and Insurance Agent Code. You will need this information the first time you submit insurance information on behalf of your insured.
3. For instructions on how to submit insurance online, you can view the tutorials or webinar available online on the UIIA website at <http://www.uiia.org> or the attached instructions.

**YOU ARE NOT REQUIRED TO MAIL OR PROVIDE A COPY OF THE CERTIFICATE TO THE UIIA OFFICE WHEN THE CERTIFICATE HAS BEEN APPLIED ON-LINE.**



## Explanation of Sample UIIA Acord 22 Certificate (See Sample Acord Certificate)

1. Full name and address of the insurance agency.
2. Insurance Agent contact information, including agent's name, phone, fax and e-mail.
3. Name of Insured including address.
4. Insurance Company Information
  - a) Full Name of Insurance companies provided on the certificate.
  - b) NAIC Number. This number can be obtained from the Best Key Rating Guide. This number should automatically populate as you put in the insurance companies name.
  - c) Best Rating of the Insurance Company.
5. Corresponding letter of insurance company that applies to the coverage listed.
6. Additional Insured Designation Box – Agent may indicate with an “X” in this box, next to the appropriate coverage, that a person or organization listed on the certificate is additional insured. **Please note the insurance agent in addition to placing an “X” in this Additional Insured box, must also mark under the description that the person or organization is additional insured. The Additional Insured must be for the participating UIIA Equipment Provider and not the UIIA. The UIIA is only the certificate holder and does not require to be named additional insured.**
7. Policy numbers of coverages shown on certificate.
8. Effective date of coverages shown on certificate.
9. Expiration date of coverages shown on certificate.
10. Type of auto policy shown on the certificate. This box must be marked either **Any Auto, Scheduled and Hired or All Owned and Hired. We cannot accept an auto policy that is marked Scheduled Only or All Owned Only.**
11. **General Liability** limits – Motor Carriers must maintain a commercial general liability policy with a limit of at least one million per occurrence. No portion of this policy can be self insured.
12. **Auto Liability** limits – Motor Carriers must maintain a commercial auto liability policy with a limit of a least one million combined single limit.
13. **Cargo** – The new UIIA Acord 22 form now has a designated box to show cargo coverage. The limit per vehicle is required.
14. **Cargo Deductible** – The new UIIA Acord 22 form now has a designated box to show the deductible for cargo.
15. **Trailer Interchange/Physical Damage** – The new UIIA Acord 22 now has a designated box to show trailer interchange. The limit per trailer is required.
16. **Trailer Interchange Deductible** – The new UIIA Acord 22 now has a designated box to show the deductible for trailer interchange.
17. If an excess policy is shown on the certificate, you must specify on the certificate what coverages are covered under this excess policy.
18. **Workers Compensation/Employers Liability** – Certain UIIA Equipment Providers require that Motor Carriers maintain workers compensation and/or Employer's Liability.
19. **The new UIIA Acord 22 Form contains the specific language under the Description of Operations regarding the Truckers Uniform Intermodal Interchange Endorsement and the additional insureds. INSURANCE AGENTS MUST CHECK THE BOX TO THE RIGHT OF THE LANGUAGE TO CONFIRM THAT IT APPLIES TO THE INSURANCE INFORMATION BEING PROVIDED.**

## 20. Equipment Provider Checklist

- a) All Equipment Providers with whom the insured does business or intends to do business will need to be checked off on the on-line Equipment Provider Checklist.

### COVERAGES AND ENDORSEMENTS LISTED ON THE CERTIFICATE

**GENERAL LIABILITY** — 1 million per occurrence must be shown on the certificate and no portion of the policy can be self insured.

**AUTO LIABILITY** — 1 Million combined single limit must be shown on the certificate.

**CARGO LIABILITY** — Limit per vehicle must be shown on the certificate in addition to any deductible applicable to the policy.

**TRAILER INTERCHANGE PHYSICAL DAMAGE** — Limit per trailer must be shown on the certificate in addition to any deductible applicable to the policy.

**WORKERS COMPENSATION/EMPLOYER'S LIABILITY** — Show this coverage on the certificate if applicable.

**EXCESS POLICIES** – If excess policies provided on certificate, agent must specify to what coverages these policies apply.

**TRUCKER'S UNIFORM INTERMODAL INTERCHANGE ENDORSEMENT AND ADDITIONAL INSUREDS**— The check box under the description of operation must be checked to confirm that the **UIIE-1 or CA23-17 equivalent** is part of the auto liability policy and that the Equipment Providers on the Equipment Provider Checklist are additional insured on the auto, general and trailer interchange where applicable.

**EXCLUSIONS** - All applicable exclusionary endorsements that result in limiting or restricting the policies being provided should be noted on the online Acord 101 form that can be accessed by clicking the ACORD 101 link under the description of operations and then sending the endorsements to the UIIA office at (301)982-3414 or via e-mail to: [UIIA@Intermodal.org](mailto:UIIA@Intermodal.org).

**CANADIAN FUNDS** - Limits provided in Canadian Funds must be equivalent to the limits for each Equipment Provider your insured does business with which are shown in the instructions in US Funds.

## Acceptable Additional Insured Wording on the Certificate

The UIIA Acord 22 form was specifically designed and developed for use by insurance agents providing information on behalf of UIIA Motor Carriers. It has the additional insured language pre-printed on the certificate and just requires the agent to check the box to the left hand-side of language and ensure that the completed on-line Equipment Provider Checklist is up-to-date.

If your insured has blanket additional insured coverage, you can click on the blanket additional insured box on the ACORD 22 online insurance form and identify the policies the blanket coverage is provided on. Should you need to provide specific blanket wording, this can be provided on the ACORD 101 form by clicking on this link under the Description of Operation. Please note that only the following wording for a blanket additional insureds are accepted when applying blanket coverage on-line:

**All water/rail carriers and leasing companies, participating in the UIIA, are named additional insured on auto, general and trailer interchange where required by written contract.**

or

**Any person or organization that the insured is under a signed contract with, are named additional insured in regards to auto, general and trailer interchange.**

**ONLY ONE ACORD CERTIFICATE OF INSURANCE NAMING THE EQUIPMENT PROVIDERS WITH WHOM YOUR INSURED DOES BUSINESS IS REQUIRED. YOU ARE NOT REQUIRED TO MAIL OR PROVIDE A COPY OF THE CERTIFICATE TO THE UIIA OFFICE WHEN THE CERTIFICATE HAS BEEN APPLIED ON-LINE.**

**REMINDER: SECTION F.6. OF THE UIIA REQUIRES THIRTY (30) DAYS NOTICE OF ANY CANCELLATION OF THE INSURANCE POLICIES BE PROVIDED TO IANA, UNLESS CANCELLATION IS A RESULT OF NON-PAYMENT OF PREMIUM IN WHICH CASE TEN (10) DAYS ADVANCE NOTICE IS REQUIRED.**



# INTERMODAL INTERCHANGE CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

|                   |  |                       |                |             |
|-------------------|--|-----------------------|----------------|-------------|
| PRODUCER<br><br>① | CONTACT NAME: ②                            | PHONE (A/C, No. Ext): | FAX (A/C, No): |             |
|                   | E-MAIL ADDRESS:<br>PRODUCER CUSTOMER ID #: |                       |                |             |
| INSURED<br><br>③  | INSURER(S) AFFORDING COVERAGE              |                       | NAIC #         | BEST RATING |
|                   | INSURER A :                                |                       |                |             |
|                   | INSURER B :                                |                       |                |             |
|                   | INSURER C : ④                              |                       |                |             |
|                   | INSURER D :                                |                       |                |             |
| INSURER E :       |  |                       |                |             |

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADDL INSR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS                                    |       |
|----------|-----------|--|---------------|------------------------------------|-------------------------------------|---|-------|
| ⑤        | ⑥         | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY              | ⑦             | ⑧                                  | ⑨                                   | EACH OCCURRENCE                           | \$    |
|          |           |  |               |                                    |                                     | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ ⑪  |
|          |           |  |               |                                    |                                     | MED EXP (Any one person)                  | \$    |
|          |           |  |               |                                    |                                     | PERSONAL & ADV INJURY                     | \$    |
|          |           |  |               |                                    |                                     | GENERAL AGGREGATE                         | \$    |
|          |           |  |               |                                    |                                     | PRODUCTS - COMP/OP AGG                    | \$    |
|          |           | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO ⑩<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |               |                                    |                                     | COMBINED SINGLE LIMIT (Ea accident)       | \$ ⑫  |
|          |           |  |               |                                    |                                     | BODILY INJURY (Per person)                | \$    |
|          |           |  |               |                                    |                                     | BODILY INJURY (Per accident)              | \$    |
|          |           |  |               |                                    |                                     | PROPERTY DAMAGE (Per accident)            | \$    |
|          |           | <b>CARGO</b><br>PER VEHICLE DED \$ ⑭   |               |                                    |                                     | LIMIT PER VEHICLE                         | \$ ⑬  |
|          |           | <b>TRAILER INTERCHANGE PHYSICAL DAMAGE</b><br>PER TRAILER DED \$ ⑮   |               |                                    |                                     | LIMIT PER TRAILER                         | \$ ⑰  |
|          |           | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DEDUCTIBLE ⑰<br>RETENTION \$   |               |                                    |                                     | EACH OCCURRENCE                           | \$    |
|          |           |  |               |                                    |                                     | AGGREGATE                                 | \$    |
|          |           |  |               |                                    |                                     |   | \$    |
|          |           |  |               |                                    |                                     |   | \$    |
|          |           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/><br>If yes, describe under SPECIAL PROVISIONS below ⑱                          |               |                                    |                                     | WC STATUTORY LIMITS                       | OTHER |
|          |           |  |               |                                    |                                     | E.L. EACH ACCIDENT                        | \$    |
|          |           |  |               |                                    |                                     | E.L. DISEASE - EA EMPLOYEE                | \$    |
|          |           |  |               |                                    |                                     | E.L. DISEASE - POLICY LIMIT               | \$    |

DESCRIPTION OF OPERATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Truckers Uniform Intermodal Interchange Endorsement (Form UIIE-1 or CA 23-17 equivalent) is part of the auto policy(ies). The attached list of providers are additional insureds in regards to the auto liability. Those providers with (\*) are additional insureds on the general liability and those with (\*\*) are additional insureds on trailer interchange coverage.

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## CERTIFICATE HOLDER

President  
 The Intermodal Association of North America  
 11785 Beltsville Drive  
 Suite 1100  
 Calverton, MD 20705-4048

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

⑳

# Equipment Provider List

CHECK ALL APPROPRIATE BOXES

Form 5C  
06/01/2017

- ACL/Grimaldi Group/Inarme (\*) (\*\*)
- ANL Singapore Co. Pte. Ltd. (formerly: US Lines LLC)(effective: 1/1/17)
- APL Co. Pte Ltd/Eagle Marine Services (EMS)(\*)(\*\*)
- Bermuda Container Line, Limited (\*)
- BNSF Railway Company (\*)
- Bridge Chassis Supply LLC & Affiliates (Kawasaki Kisen Kaisha Ltd., "K" Line America, Inc., "K" Line New York, Inc. and Multimodal Engineering Corporation) (\*) (\*\*)
- Canadian National/Illinois Central Railroad (\*)
- Canadian Pacific Railway-US (SOO Line and D&H) (\*)
- CMA-CGM (America) LLC
- COFC Logistics LLC
- Consolidated Chassis Management LLC (\*) (\*\*)
- COSCO Shipping Lines Co., Ltd./COSCO Shipping Lines (North America), Inc./COSCO Shipping Lines (Europe) Ltd.
- CSX Intermodal Terminals, Inc. (\*) (\*\*)
- Eimskip USA, Inc.
- Evergreen Shipping Agency (America) Corporation (\*) (\*\*)
- Great Ocean Shipping Line, Inc. (\*) (\*\*)
- Hamburg Sud North America, Inc. (\*)  
(formerly HSAC Logistics, Inc.)
- Hapag-Lloyd (America) Inc. (\*) (\*\*)
- Hyundai Merchant Marine, Inc. (America) (\*\*)
- Iowa Interstate Railroad Ltd.
- K-Line America, Inc. (Kawasaki Kisen Kaisha, Ltd.) (\*) (\*\*)
- Kansas City Southern Railway (KCS) - (\*)
- MACS Maritime Carrier Shipping LLC (formerly: Galborg Pte) (\*) (\*\*)
- Maersk Line U.S.A. as agent for Maersk Line A/S dba Maersk Line/Safmarine/Maersk Domestic/Sealand(\*)
- Matson Navigation Company (\*) (\*\*)
- Matson Navigation Company of Alaska LLC (\*)
- Mediterranean Shipping Co. SA (\*) (\*\*)
- MOL (America), Inc. (Mitsui)
- National Shipping of America, LLC, c/o National Shipping Agencies (\*)
- NileDutch America B.V. )
- Nippon Yusen Kaisha (NYK Line North America) (\*) (\*\*)
- Norfolk Southern Corporation (\*)
- North American Chassis Pool Cooperative LLC (\*) (\*\*)
- Odyssey FoodTrans LLC (\*) (\*\*)
- OOCL (USA), Inc as agent for Orient Overseas Container Line Limited. & OOCL (Europe) Limited (\*) (\*\*)
- Pacific International Lines (Private) Limited
- Pasha Hawaii Holdings LLC (\*) (\*\*)
- Sarjak Container Lines Pvt. Ltd.
- Schuyler Line Navigation Company LLC
- Seaboard Marine Ltd. (\*) (\*\*)
- SM Lines Corporation (\*) (\*\*)
- Somers Isles Shipping Ltd. (\*)
- Swire Shipping (formerly Indotrans, Inc. & Indotrans Pacific)
- Tiger Cool Express LLC (\*)
- Tote Maritime Puerto Rico LLC (formerly Sea Star Lines, LLC) (\*) (\*\*)
- TransAtlantic Lines LLC (\*)
- Turkon Container Transportation & Shipping, Inc.
- Union Pacific Railroad Co. (\*\*)
- United Arab Shipping Company, c/o United Arab Agencies (\*)
- Virginia International Terminals, Inc.(Virginia Inland Ports)(\*) (\*\*)
- Wan Hai Lines, Ltd. (\*)
- XPO Stacktrain, LLC (\*) (\*\*)
- Yangming Marine Transport c/o Yang Ming (America) Corporation (\*) (\*\*)
- Zim American Integrated Shipping Service Co LLC (\*) (\*\*)

**Note:** All the above providers require to be named additional insured on the Auto Liability. In addition to naming the companies indicated above additional insured on Auto Liability:

- (\*) The companies above indicated with a single asterisk require that you make them additional insured on your General Liability Policy.
- (\*\*) The companies above indicated with a double asterisk require that you make them additional insured on your Cargo and/or Trailer Interchange Coverages.

The MC should complete this form and fax it to their insurance agent or you can complete this form on-line when you login to your UIIA account at: [www.uiia.org](http://www.uiia.org) and click on "Update EP List".

**MOTOR CARRIERS COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**MOTOR CARRIERS EMAIL ADDRESS:** \_\_\_\_\_

**INS. AGENT OR INS. CO. SIGNATURE:** X \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INS. AGENT OR INS. CO. EMAIL ADDRESS:** \_\_\_\_\_

**This form must be submitted on-line by the insurance agent.**

**REMINDER: SECTION F.6. OF THE UIIA REQUIRES THIRTY (30) DAYS NOTICE OF ANY CANCELLATION OF THE INSURANCE POLICIES BE PROVIDED TO IANA, UNLESS CANCELLATION IS A RESULT OF NON-PAYMENT OF PREMIUM IN WHICH CASE TEN (10) DAYS ADVANCE NOTICE IS REQUIRED.**

\*Note: This form is not available for use in Texas.

**UIIA Equipment Provider Required Insurance Coverage w/Limits**

**All UIIA Equipment Providers require to be named additional insured on Auto Liability. Those with a (\*) next to the General Liability Limit require to be additional insured on General Liability. Those with a (\*\*)** next to the Trailer Interchange Limit **require to be additional insured on Trailer Interchange as well.**

**\*Please note that all limits below are shown in US Funds. If providing limits in Canadian funds, the limit should be equivalent to the US Funds limits shown below.**

| Equipment Provider   | Auto      | Auto Max Deductible | General     | General Max Deductible | Cargo   | Cargo Max Deductible | Trailer Interchange | Trailer Interchg Max Deductible | Workers Compensation | Employer's Liability | Addl Paperwork Required |
|--|-----------|---------------------|-------------|------------------------|---------|----------------------|---------------------|---------------------------------|----------------------|----------------------|-------------------------|
| ACL/Grimaldi Group/Inarme  | 1 million |                     | 1 million * |                        | 100,000 |                      | 25,000**            |                                 |                      |                      |                         |
| ANL Singapore Co. Pte. Ltd. (Formerly: US Lines)   | 1 million |                     | 1 million   |                        | 100,000 |                      | 25,000              |                                 |                      |                      |                         |
| APL Co. Pte Ltd  | 1 million |                     | 1 million * |                        | 100,000 |                      | 20,000 **           |                                 |                      |                      |                         |
| Bermuda Container Line Limited   | 1 million |                     | 1 million * |                        | 100,000 |                      | 15,000              |                                 |                      |                      |                         |
| BNSF Railway Company   | 1 million |                     | 1 million * |                        | 100,000 |                      | 20,000              |                                 |                      |                      | Yes                     |
| Bridge Chassis Supply LLC  | 1 million |                     | 1 million * |                        | 100,000 |                      | 15,000 **           |                                 |                      |                      |                         |
| Canadlan National/Illinois Central   | 1 million |                     | 1 million * |                        | 100,000 |                      | 20,000              |                                 |                      |                      | Yes                     |
| Canadian Pacific-US (SOO Line/D&H)   | 1 million |                     | 1 million * |                        | 100,000 |                      | 20,000              |                                 | Yes                  |                      |                         |
| CMA-CGM (America) LLC  | 1 million |                     | 1 million   |                        | 100,000 |                      | 25,000              |                                 |                      |                      |                         |
| COFC Logistics LLC   | 1 million |                     | 1 million   |                        |         |                      | 20,000              |                                 |                      |                      |                         |
| Consolidated Chassis Management  | 1 million |                     | 1 million*  |                        | 100,000 |                      | 25,000**            |                                 | Yes                  |                      |                         |
| COSCO Shipping Lines Co., Ltd./COSCO Shipping Lines (North America), Inc./COSCO Shipping Lines (Europe) Ltd. | 1 million |                     | 1 million   |                        | 100,000 |                      | 25,000              |                                 |                      |                      |                         |
| CSX Intermodal Terminals, Inc.   | 1 million |                     | 1 million * |                        | 100,000 |                      | 20,000**            |                                 | Yes                  | 100/500/100          | Yes                     |
| Eimskip USA, Inc.  | 1 million |                     | 1 million   |                        | 1,000   |                      | 25,000              |                                 |                      |                      |                         |
| Evergreen Shipping Agency (America) Corp.  | 1 million |                     | 1 million   |                        | 100,000 |                      | 25,000**            |                                 |                      |                      | Yes                     |
| Great Ocean Shipping Line, Inc.  | 1 million |                     | 1 million * |                        | 100,000 |                      | 25,000**            |                                 |                      |                      |                         |
| Hamburg Sud North America, Inc.  | 1 million | 5,000               | 1 million * | 5,000                  | 100,000 | 5,000                | 25,000              | 1,000                           |                      |                      |                         |
| Hapag-Lloyd (America), Inc.  | 1 million |                     | 1 million * |                        |         |                      | 20,000 **           |                                 |                      |                      |                         |
| Hyundai Merchant Marine, Inc.  | 1 million |                     | 1 million   |                        | 100,000 |                      | 30,000 **           |                                 |                      |                      |                         |
| Iowa Interstate Railroad   | 1 million |                     | 1 million   |                        | 100,000 |                      | 25,000              |                                 | Yes                  |                      |                         |
| K-Line America, Inc.   | 1 million |                     | 1 million*  |                        | 100,000 |                      | 25,000**            |                                 |                      |                      |                         |
| Kansas City Southern Railway Co.   | 1 million |                     | 1 million*  |                        | 100,000 |                      | 25,000              |                                 | Yes                  | 500/500/500          | Yes                     |
| MACS Maritime Carrier Shipping LLC   | 1 million |                     | 1 million * |                        | 50,000  |                      | 25,000 **           |                                 |                      |                      |                         |
| Maersk Line U.S.A. as agent for Maersk Line A/S dba Maersk Line/Safmarine/Maersk Domestic/Sealand            | 1 million |                     | 1 million * |                        | 100,000 |                      | 25,000              |                                 |                      |                      |                         |
| Matson Navigation Company  | 1 million |                     | 1 million * |                        | 100,000 |                      | 20,000 **           |                                 |                      |                      |                         |
| Matson Navigation Co. of Alaska LLC  | 1 million |                     | 1 million * |                        | 100,000 |                      | 25,000              |                                 | Yes                  |                      |                         |
| Mediterranean Shipping Company SA  | 1 million |                     | 1 million * |                        |         |                      | 20,000 **           |                                 |                      |                      |                         |
| MOL (America), Inc.  | 1 million |                     | 1 million   |                        | 100,000 |                      | 15,000              |                                 |                      |                      |                         |
| National Shipping of America, LLC  | 1 million |                     | 1 million * |                        | 100,000 |                      | 25,000              |                                 |                      |                      |                         |
| NileDutch America B.V.   | 1 million |                     | 1 million   |                        | 100,000 |                      | 15,000              |                                 |                      |                      |                         |
| Nippon Yusen Kaisha (NYK Line)   | 1 million |                     | 1 million * |                        | 100,000 |                      | 15,000 **           |                                 |                      |                      |                         |
| Norfolk Southern Corporation   | 1 million |                     | 1 million * |                        | 100,000 |                      | 20,000              |                                 | Yes                  | 100/500/100          | Yes                     |
| North American Chassis Pool Cooperative  | 1 million |                     | 1 million * |                        | 100,000 |                      | 25,000 **           |                                 | Yes                  |                      |                         |
| Odyssey FoodTrans LLC  | 1 million |                     | 1 million * |                        | 100,000 |                      | 25,000 **           | 1,000                           | Yes                  | 100/500/100          |                         |
| OOCL (USA), Inc. as agents for Orient Overseas Container Line Limited & OOCL (Europe) Ltd.                   | 1 million |                     | 1 million * |                        | 100,000 |                      | 15,000 **           |                                 |                      |                      |                         |
| Pacific International Lines (Pte) Ltd.   | 1 million |                     | 1 million   |                        | 100,000 |                      | 15,000              |                                 |                      |                      |                         |
| Pasha Hawaii Holdings LLC  | 1 million |                     | 1 million * |                        | 100,000 |                      | 25,000 **           |                                 |                      |                      |                         |
| Sarjak Container Line Pvt. Ltd.  | 1 million |                     | 1 million   |                        | 250,000 |                      | 25,000              |                                 |                      |                      |                         |









Revised 1/17/05  
**FORM UIIE -1**

**TRUCKERS UNIFORM INTERMODAL INTERCHANGE ENDORSEMENT  
 (IANA FORM UIIE-1)**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|                        |   |
|------------------------|---|
| Endorsement Effective: | Policy Number:  |
| Name Insured:          | Countersigned By: (Authorized Representative of Ins. Co.) |

It is agreed that such insurance as is afforded by the policy for Auto Bodily Injury and Property Damage Liability applies to liability assumed by the named insured, as "Motor Carrier Participant," under Subsection F.4. of the Uniform Intermodal Interchange and Facilities Access Agreement, and any subsequent amendments thereto:

**F. Liability, Indemnity, and Insurance**

**F.4. Indemnity**

- a. Subject to the exceptions set forth in Subsection (b) below, Motor Carrier agrees to defend, hold harmless and fully indemnify the Indemnitees (without regard to whether the Indemnitees' liability is vicarious, implied in law, or as a result of the fault or negligence of the Indemnitees), against any and all claims, suits, loss, damage or liability, for bodily injury, death and/or property damage, including reasonable attorney fees and costs incurred in the defense against a claim or suit, or incurred because of the wrongful failure to defend against a claim or suit, or in enforcing subsection F.4 (collectively, the "Damages"), caused by or resulting from the Motor Carrier's: use or maintenance of the Equipment during an Interchange Period; and/or presence on the Facility Operator's premises.
- b. Exceptions: The foregoing indemnity provision shall not apply to the extent Damages: (i) occur during the presence of the Motor Carrier on the Facility Operator's premises and are caused by or result from the negligent or intentional acts or omissions of the Indemnitees, their agents, employees, vendors or third party invitees (excluding Indemnitor); or (ii) are caused by or result from defects to the Equipment with respect to items other than those set forth in Exhibit A, unless such defects were caused by or resulted from the negligent or intentional acts or omissions of the Motor Carrier, its agents, employees, vendors, or subcontractors during the Interchange Period.

Subject to the following provisions:

- 1. The limits of the company's liability under this policy for damages because of bodily injury and property damage arising out of the use, operation, maintenance or possession of interchange equipment shall be the applicable amount stated below and designated by an "x" unless a greater amount is otherwise stated in the policy as applicable to such bodily injury or property damage.
  - [ ] Single Limit Bodily Injury and Property Damage..... \$1,000,000 Each Accident  
 (or the Equivalent)
- 2. The company shall:
  - (a) Upon issuance of this endorsement, furnish to the **President, The Intermodal Association of North America, 11785 Beltsville Drive, Suite 1100, Calverton, Maryland 20705-4048**, a properly executed Certificate of Insurance which carries the notation that the company has issued to the named insured Motor Carrier a policy of liability insurance; and
  - (b) Upon cancellation or termination of the policy of which this endorsement forms a part, furnish a notice of such cancellation or termination **NOT LESS THAN 30 DAYS** prior to the effective date of such cancellation or termination, such notice to be mailed to said President at the above address.